



**CALIFORNIA EMS AUTHORITY**  
 10901 Gold Center Drive, Ste. 400  
 Rancho Cordova, CA 95670-6073  
 TELEPHONE (916) 323-9875

State Use Only	
CE	_____
CPD	_____
PBGC	_____
Reviewed By	_____
Date	_____

## State of California EMT Paramedic License Renewal Application

### Instructions:

- Fill out a complete application**; sign and date the application in ink; only original signatures accepted.
- Complete the Statement of Continuing Education (CE) on the second page of this form. **CE must be from an approved EMS CE provider. All incomplete applications will be returned for completion and may be subject to item 4.**
- Please return a payment of **\$200**. Fees are payable by credit card (complete credit authorization form), check, or money order made payable to **EMS PERSONNEL FUND. DO NOT SEND CASH.**
- Completed applications must be postmarked or hand delivered to the EMS Authority at least 30 days before the expiration date of current license.** Applications postmarked or hand delivered less than 30 days before the expiration date of the current license will be assessed a **\$50 late fee** and will not be processed until the fee is paid. If you are submitting your application less than 30 days before the expiration date of your current license, please include payment amount of **\$250** instead of \$200.

Last Name			First Name			Middle Initial							
Paramedic License Number			Effective Date			Expiration Date							
Last 4 of SSN													
Mailing Address						Residence Address							
Address						Address							
City		State		Zip		City		State		Zip			
If employed by an EMS Provider(s) please list the name and address of each provider													
Name						Name							
Address						Address							
City		State		Zip		City		State		Zip			
1) Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) under Penal Code Section 1203.4?										Yes No			
2) Are there any criminal charges currently pending against you?								Yes		No			
If you answered yes to either of the questions above, attach a detailed statement describing the charge(s)/conviction(s), date, location, court, sentence served, parole or probation if any. You may attach applicable certified court documents and police reports to help expedite the review of your application.													
3) Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked, placed on probation, or are you under investigation at this time?										Yes		No	
If yes, <b><u>you must enclose</u></b> with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.													
I hereby certify under <b><u>penalty of perjury</u></b> that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to paramedic licensure in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any employer, agency or any other person for information related to my role and function as a paramedic in California.													
Home Phone:						Cell Phone:							
Work Phone:						Email Address:							
Signature of Applicant:						Date:							

STATEMENT OF CONTINUING EDUCATION MINIMUM OF 48 HOURS REQUIRED	
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**Instructor Based CE**  
(i.e., classroom setting or may include on-line CE courses if an instructor is available) At least 50% of the CE hours must be taken

(i.e., classroom setting or may include on-line CE courses if an instructor is available) At least 50% of the CE hours must be taken in this format and cover the topics listed in the US DOT National Standard Paramedic Curriculum.

**Courses 20 hours or more are required to have beginning and ending dates.**

<b>DATE OR DATES MM/DD/YY</b>	<b>COURSE TITLE</b>	<b>APPROVED PREHOSPITAL CE PROVIDER NAME</b>	<b>APPROVED PREHOSPITAL CE PROVIDER NUMBER</b>	<b>NUMBER OF CE HOURS</b>
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<b>Total</b>				

Other Approved Acceptable CE
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May include CE course, class or activity instructor; EMT, AEMT or paramedic program instructor; precepting; magazine articles for CE credit; advanced topics in subject matter outside the scope of practice of a paramedic but directly relevant to emergency medical care; courses in physical, social or behavioral sciences offered by accredited universities and colleges; structured clinical experience; and media based and/or serial productions.

DATE OR DATES MM/DD/YY	COURSE TITLE	APPROVED PREHOSPITAL CE PROVIDER NAME	APPROVED PREHOSPITAL CE PROVIDER NUMBER	NUMBER OF CE HOURS
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Total				

For the complete regulations related to continuing education, please refer to Title 22, Division 9, Chapter 11, EMS Continuing Education, Article 2, of the California Code of Regulations. The regulations can be found on the EMS Authority's website at [http://www.emsa.ca.gov/Legislation\\_Regulation](http://www.emsa.ca.gov/Legislation_Regulation)

A list of approved CE Providers can be found on the EMS Authority's website: <http://www.cecbems.org> or <http://www2.emsa.ca.gov/ShowTraining/ContinuingEducation/GroupByContinuingEducationTable.aspx>

CE courses taken in the last month of a licensure cycle may be applied to the subsequent licensure cycle if the CE course(s) was not applied to the licensure cycle during which the CE course was taken.

**Check the status of your application at [www.centralregistry.ca.gov](http://www.centralregistry.ca.gov).**

Do not add application information to this form.  
It will be shredded.



## Credit Card Payment Authorization Form

California EMS Authority  
Paramedic Licensure Program  
10901 Gold Center Drive, STE 400  
Rancho Cordova, CA 95670-6073

Name: \_\_\_\_\_ License Number: P \_\_\_\_\_  
(As it appears on card)

Credit Card Number: 

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Expiration Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Zip Code: \_\_\_\_\_ CVC2 Code (security code) : \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

### Card Type

- ☐ Visa
- ☐ Mastercard
- ☐ Debit